

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016655

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 178 Primary Registration District No. Registrar's No. 20

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

FILED APR 26 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
0560			
0560			
2			
3			
4 1			
5 2			
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7 0			
8 2			
9331X			
10			
11			
12 90-2			
13 1-1			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEWISTOWN		Length of stay in 1b LIFE	c. CITY OR TOWN LEWISTOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last ELIZABETH JOSEPHINE DE COSTER			4. DATE OF DEATH Month Day Year MARCH 8 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/29/1879
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days 11 9	IF UNDER 24 HR. Hours Min. 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LEWIS COUNTY
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME MILES MCNALLY	
13b. MOTHER'S MAIDEN NAME ELIZABETH J. CLARK		14. NAME OF HUSBAND OR WIFE J. L. CE COSTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT RICHARD DE COSTER Address CANTON, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) CEREBRAL VASCULAR ACCIDENT			11/19/62
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS			Sev. yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.(a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION CANTON, MISSOURI	STATE
21. I attended the deceased from 9/7/62 to 3/8/63 and last saw her alive on 3/8/63 Death occurred at 10:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. S. Schleppehorst, D. O.		22b. ADDRESS Canton, Missouri	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/11/63	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	23d. LOCATION (City, town, or county) (State) Ewing, Missouri
24. FUNERAL DIRECTOR J. Coder, Jr. ADDRESS LaBelle, Missouri		25. DATE RECD. BY LOCAL REG. 3-13-'63	26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

3-10-83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Myself Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Glader Jr.
Licensed Embalmer No. 4328

P. O. Address LaBelle Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.